

SOLID WASTE FACILITY MONTHLY MATERIAL RECOVERY (RECYCLING) REPORT

Facility Name: _____

Facility ID #: _____ **Reporting Period:** _____
Month Year

WASTE ORIGIN County:	WASTE (MATERIAL) TYPES						
	10R	13R	23R	25R	27R	OTHER	TOTAL TONS
MUNICIPALITY:							
TOTAL TONS							

Material Types	
10R	Corrugated, Mixed Office Paper, Newspaper, Other paper/Mags/Junk Mail, Glass Containers, Aluminum Cans, Steel Cans, Plastic Containers, Anti-Freeze, Batteries, Food Waste, Other Glass, Other Plastic and textiles
13R	Heavy Iron, Non-Ferrous & Other, White Goods/Lite Iron, Scrap Autos, Tires, Concrete/Asphalt and Wood Scraps
23R	Brush/Tree Parts, Grass Clippings, Leaves and Stumps
25R	Animal and Food Processing waste
27R	Industrial Materials and Petroleum Contaminated Soil
OTHER	Any Other Recyclable Material

I certify that the information entered above is true to the best of my knowledge.

Signed	Title	Date
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(Duplicate this form as necessary)